

STATE OF NEW HAMPSHIRE

**BOARD OF CERTIFICATION
OF NATURAL SCIENTISTS**

N.H. Joint Board of Licensure
57 Regional Drive
Concord, N.H. 03301

Appl.# _____
For Office Use Only

Cert # _____

**Application for Certification as a
SOIL SCIENTIST**

1. Instructions for Filing Applications

- a. Each applicant for certification shall fill out the application blanks, in every detail.
- b. Money Order, Bank Draft or Check in payment of fee must accompany the application, made payable to: **Treasurer, State of New Hampshire.** (Non-refundable)
- c. The Application **shall be typewritten** and submitted to the Board Office.
- d. The applicant is requested to read thoroughly and understand Chapter 310-A:75-97, Revised Statutes Annotated, Laws of New Hampshire and Code of Administrative Rules for Board of Natural Scientists, before filing application.

Enclosed herewith is the Application Fee, in the amount of \$150.00 payable to: **Treasurer, State of New Hampshire.** This includes the fee for the written exam. If applicant is approved for certification he/she shall be required to pay an additional fee for the field exam as required in the Code of Administrative Rules Section SOIL 301.04 before certificate is issued.

2. General Information

- a. Name in Full _____ Soc. Sec. # _____
- b. Usual Written Signature (typed) _____
- c. Residence Address* _____ ()
- d. Present Position (Organization & Title) _____
- e. Business Address* _____ ()
- f. Place of Birth _____ Date _____

* Indicate mailing address by marking X in parenthesis

2. General Information (cont.)

- g. Please check the appropriate line for certification under which you are applying:
___ Certified Soil Scientist - Resident of N.H.
___ Certified Soil Scientist - By State to State Reciprocity--Non-Resident of N.H.
- h. Have you ever applied for Soil Scientist certification/registration anywhere? _____
If so, when, where and with what result? _____
- i. Have you ever applied for registration as an Apprentice Soil Scientist? _____
If so, when, where and with what result? _____

3. Registration/Certification in Other States

(Do not include certification by a Technical, Scientific or any other non-Government Body)

State in which first registered or certified as a Soil Scientist _____
Date of Certificate _____ Certificate number _____ Registered by
examination? _____ If not, how? _____ Is Certificate now in force? If not,
why? _____ Other States in which registered - if by exam, specify _____
_____ Has any Certificate ever been revoked? _____ If so, why? _____

4. Current Membership in Professional or Scientific Associations

Name of Organization	Location	Grade of Membership	Date
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5. Education

1. Education-Supervised-List College or University Credits Obtained (A copy of all college transcripts must be attached)

Name of Institution	Years Attended		Graduation Date	Credits Completed
	From	To		

2. Education-Unsupervised- State nature of home study and correspondence school work related to Soil Science.

SUPPLEMENTAL EXPERIENCE RECORD IN DETAIL

APPL. # _____

Signature _____ Date _____
(Also sign and date each additional sheet)

6.-A Professional Experience Related To Soil Science

This information must be in detail and should start with your present employment. Use this page as a summary and place detailed information pertaining to Education and experience on enclosed supplemental experience record sheet. Attach evidence of experience as defined under Section Soil 301:02 of N.H. Code of Administrative Rules for Board of Natural Scientists.

Date From To Year	Name and address of employer Title of Position	Name and address of someone familiar with each position preferably a person to whom applicant reported or with whom he/she was associated.
Key		

No action will be taken on this application unless the information requested above is comprehensive and complete.

6-B. SOIL MAP PLANS

A minimum of one year of actual, soil mapping experience is required of all applicants. Documentation of that experience consists of the presentation of six (6) plans, each indicating a soil map determined by the applicant and stating soil mapping standards that were used. All plans submitted for purpose of documenting the one year experience requirement must be listed on the following **Plan Summary** as Plan ID Numbers one (1) through six (6). Each plan listed on the Plan Summary **must include on the plan:**

- 1) The citation of the soil mapping standard that was utilized;
- 2) The agency to which they were submitted; and
- 3) The applicable owner information.

All plans must be submitted and include a copy of the United States Geological Survey quad sheet with the site located. If the name of the soil mapper is not on the plan a witness from the company who performed the soil mapping must indicate that the applicant did the work.

SOIL MAP PLAN SUMMARY

Plan ID	Date	Standard	Agency	Owner's Name and Address
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1.

2.

3.

4.

5.

6.

7. References of Character and Qualifications

Applicant will give the name and address of not fewer than five reputable citizens, unrelated to him/her of whom at least two shall be certified Soil Scientists, having personal knowledge of the applicant's experience. Name of persons listed under section 6 "Experience" may also be used as references. Written references will be submitted to the Board on forms supplied by the Board.

Name	Complete Address show Zip Codes	Occupation	Business Relation to Applicant

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application, are material, not only to the issuance of the certification, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

8. Affidavits

State of _____

County of _____ ss _____ 20____

On this day, before me the undersigned officer, personally appeared _____
known to me or satisfactorily proven to be the person whose name was subscribed to the within instruments, and made
oath that the statements contained in the foregoing application are true.

SEAL

Justice of the Peace or Notary Public

My commission expires _____

VERIFICATION OF LICENSURE

To: New Hampshire Joint Board of Certification for Natural Scientists
57 Regional Drive, Concord, New Hampshire 03301

Requested From:

State Board			Name of Applicant		
Address			Address		
City	State	Zip	City	State	Zip

I. The Above Named Person Was Certified As:

Cert. #

Date Issued

____ Soil Scientist

Soil Scientist Apprentice

II. Minimum Requirements Were:

Date _____

Results

a. _____ Written Exam

b. _____Field Exam

c. _____ Reciprocity

From What State? _____

d. _____ Other _____

By: _____

Signature

(Board Seal)

Title: _____

Date: _____

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

_____ Marked the box on the application form indicating which address you want us to use?

_____ Requested your college/university to send us your transcript directly?

_____ Completed the "References" portion of the application, sent reference forms and Board addressed and stamped envelopes to each of your references, and kept a blank copy of the form for yourself?

_____ Filled in the detailed experience summary sheets? (copy if needed)

_____ Included the correct fee with the check made payable to **Treasurer, State of NH**?

_____ Enclosed your **six** Soil Scientist maps?

_____ Included this Checklist with your application?

Date_____

College or University Registrar

Dear Registrar:

Enclosed please find my fee in the amount of \$_____ in payment for a certified transcript of my scholastic record. I attended college during the years _____ to_____. I received my degree on _____
_____. My Social Security number is _____ and my date of birth is _____.

My student identification number was_____.

Please send the transcript **directly** to the following address:

New Hampshire Joint Board of Licensure
57 Regional Drive
Concord, New Hampshire 03301-8518

The Board of Natural Scientists have informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Printed Name and Address)

THE STATE OF NEW HAMPSHIRE
BOARD OF NATURAL SCIENTISTS
57 REGIONAL DRIVE
CONCORD, NEW HAMPSHIRE 03301

Application
No _____

Dear Sir/ Madam:

_____ of _____
applied to this Board for Certification in the State of New Hampshire as a Certified Soil Scientist and has given your name as a reference and/or has stated that he/ she has worked for you or with you. The Board would appreciate your sending the information requested on the reverse side of this letter. We assure you that such information as you give will be treated in the strictest confidence.

The Board is required by law to obtain evidence of good character of the applicant and his/ her qualifications as a Wetland Scientist before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed with the application.

The Board asks that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may have serious public consequences, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot process the application for certification until the reference forms are returned, a prompt reply is appreciated.

Sincerely,

Julie Levesque
Sr. Accounting Technician

Re: Application of _____ No. _____

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(Please print)
2. What is your address _____
(Street and number) (City or Town)
3. What is your present business or profession? _____
4. Are you a Certified or Practicing Soil Scientist? _____
5. How long have you known the applicant? _____
6. Are you in any way related to the applicant? _____
7. Do you have any business connection with the applicant? _____
8. Do you know anything reflecting adversely on the integrity or general good character of the applicant? _____
9. Would you employ the applicant in a position of trust? _____
10. If the applicant is connected with a firm, partnership or corporation please give its name and address: _____
Position he/ she fills with the firm? _____
11. Is the applicant qualified to be placed in responsible charge of soil science work?

12. If the applicant is in individual practice, please indicate the nature of such practice.

13. Do you recommend the applicant for Certification as a Soil Scientist? _____
14. Additional remarks: _____

I make the above statements with full knowledge that the person referred to is making application for Certification by the State of New Hampshire as a Certified Soil Scientist and after reading the information given in the letter on the reverse side of this form.

Date _____ Written Signature _____